Carcinoma of the esophagus is responsible for an estimated 13,100 new diagnoses and 12,600 deaths a year (American Cancer Society, 2002). Two-year survival for the disease is less than 20% (Wilke, Siewert, Fink, & Stahl, 1994). For individuals undergoing surgery, the five-year survival rate is 10%–36% (Blazey, Williams, Brookes, Alderson, & Farndon, 1995; Sagar, Gauperaa, Sue-Ling, McMahon, & Johnston, 1994). Curative esophagectomy, using several different classic but aggressive surgical approaches based on tumor presentation and surgical preference, is available to those with potentially resectable disease. Despite improved rates of morbidity and mortality associated with curative surgical resection, some patients reportedly have experienced symptoms because of surgery (McLarty et al., 1997). The intensity and frequency of reported symptoms could have a negative impact on quality of life (QOL) (Ellis, Huberman, & Busse, 1995). This study examined one institution’s experience with symptoms after curative esophagectomy procedures and documented the impact of these symptoms on QOL to identify nursing management needs.

**Purpose/Objectives:** To examine symptoms and quality of life (QOL) of esophagectomy patients after curative surgery.

**Design:** Longitudinal, descriptive pilot study.

**Setting:** Comprehensive cancer center in the northeastern United States.

**Sample:** 23 patients were surveyed: 20 men and 3 women. The mean age was 62.3 years.

**Methods:** The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-C30 (version 2.0) and the esophageal-specific module were used. Data collection included three or four time points: before neoadjuvant treatment (if administered), before surgery, and three and six months after surgery.

**Main Research Variables:** The effects on symptoms and QOL of curative esophagectomy performed by a thoracic surgical oncologist.

**Findings:** Global QOL declined slightly over time; this change was not statistically significant. A significant inverse relationship was found between symptom intensity and global QOL. The intensity of hoarseness, reflux, and diarrhea increased significantly pre- to postsurgery. The average symptom intensity for the esophageal-specific subset of 24 symptoms increased significantly over time; the greatest intensity was found before surgery.

**Conclusions:** Over the six-month observation period, the study found little average change in global QOL or functional status. However, symptoms increased significantly during this time period. Increased symptoms were associated with decreased QOL.

**Implications for Nursing:** Symptom management should focus on symptoms that interfere with patients’ QOL. Further research should target the evaluation of specific interventions for symptoms.

**Key Points . . .**

➤ Nurses play an important role in early detection of and intervention for symptoms in patients who have undergone esophagectomy.

➤ Reduction in symptom intensity can improve quality of life.

➤ Preoperative patient education should include a brief review of possible postoperative symptoms to encourage early reporting and optimal management of symptoms.

**Conceptual Framework**

QOL refers to the characteristics and limitations that determine an individual’s ability to function and derive satisfaction in doing so. Several dimensions define QOL, including physical, psychological, and social well-being (Ferrell & Dow, 1997). Symptoms are central to health-related QOL in that they affect all dimensions of well-being (Cella, 1994; van Knippenberg & de Haes, 1988). For example, individuals